State of Wisconsin

Department of Health and Family Services

2003-2005 Biennial Report

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State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

October 2005

Dear Colleagues,

I am pleased to present the 2003-2005 Biennial Report of the Department of Health and Family Services.

The Department has focused efforts on ensuring that kids are safe, healthy and ready for success as outlined in the KidsFirst Initiative. For instance, we have developed and begun implementing a new and bold plan to eliminate all childhood lead poisoning in Wisconsin by 2010. We are working with communities to increase lead screening and testing. We are educating parents, physicians, property owners, and contractors about lead poisoning to prevent children from being poisoned.

With the agreement of the Governor and Legislature, the Department has worked to preserve access to health care services to vulnerable populations served by Medical Assistance, BadgerCare and SeniorCare. Wisconsin can be proud that we have preserved the health care safety net, unlike many states across the country. Wisconsin can be proud that we have continued to buy the health care people we need at a better price for taxpayers. We have saved over $100 million annually on the price of prescription medicines due to improved purchasing strategies, for example.

We have given seniors and adults with developmental disabilities more options for receiving care in their own homes and communities by implementing reforms that allow money to "follow the person." As a result, hundreds of seniors and adults with disabilities have been given the choice of moving from institutions to their own homes or other smaller homelike settings. In addition, benefit specialists we fund around the state serve over 30,000 older people each year of the biennium with assistance in applying for Senior Care, Medicare, and other benefits they deserve.

The Department has realized several major accomplishments during the past two years. We reduced state staff over two years by almost 9% while maintaining and even improving public services. We streamlined administration in all divisions, focusing on reducing state operations costs to preserve services. We have expanded the number of people receiving health care and FoodShare benefits, and worked with Wisconsin counties to improve program accuracy and integrity in administration of these benefits. For example, for the first time in a decade the State of Wisconsin will not be sanctioned by the federal government because of high error rates in determination of FoodShare benefits, earning the Department's staff a commendation from the federal Department of Agriculture for this accomplishment.

We have developed a statewide plan and implemented a statewide information system to assure that the state and county responsibility to protect children from abuse and neglect is accountable to meet high standards of service to children and families. We are working to implement more family-friendly, coordinated approaches to helping people succeed in caring for their children and escape poverty.

Our state institutions have maintained a high standard of care and treatment for the populations they serve. Faced with growing demand in mental health and secure treatment settings, the Department has continued to protect and improve the health and safety of individuals and communities.

These and other accomplishments of the Department come from the caring and competent work of the state staff I am privileged to lead, our strong partnerships with many public and private organizations around the state, leadership of our Governor and support of the Legislature. Together, our work is vital to promote and protect the health and safety of the people of our state.

Sincerely,

Helene Nelson
Secretary

Wisconsin Department of Health and Family Services

Report for the Biennium ending June 30, 2005

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Wisconsin Department of Health and Family Services

DEPARTMENT OVERVIEW

The Department of Health and Family Services is one of the largest and most diverse state departments in Wisconsin with an annual budget of some $6.5 billion and 6,200 employees.

The Department oversees Medicaid, the single largest program in the state budget, and other health and social service programs. Department activities include child welfare oversight, alcohol and other drug abuse prevention, public health, implementation of long-term care, disability determination, regulation of state nursing homes and childcare facilities and numerous other programs that aid and protect the citizens of our state. DHFS also oversees seven large institutions: three centers for the developmentally disabled; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.

The Department has five divisions and two offices.

The Division of Children and Family Services' (DCFS) major focus is on children, families and communities. The Division's responsibilities include public child welfare, adoptions; kinship care; regulation and licensing of child care; child placing agencies and residential centers for youth; domestic violence; youth development; community service block grant and emergency food assistance.

The Division of Disability and Elder Services (DDES) focuses on long term support for the elderly and people with disabilities, and mental health and substance abuse issues. DDES licenses and regulates various types of health care facilities, and performs caregiver background checks and investigations. The Division also manages the Supplemental Security Income (SSI) program, which provides cash assistance and Medicaid to low-income elderly and/or people with disabilities and their dependent children who reside in Wisconsin.

DDES is responsible for client rights reviews and investigations at the institutions and in the community. The Community Forensics program provides treatment for persons placed on conditional release and monitors the outpatient competency evaluation process.

DDES also administers the state's institutional programs for persons whose mental and physical needs cannot be met in a community setting. The three developmental disability centers provide residential, medical, clinical, educational, training and rehabilitative services with an emphasis on active treatment and preparing individuals to move to the community. The Intensive Treatment Program at each center provides short-term stabilization with an emphasis on returning the resident to the community as soon as possible. The two mental health institutes provide psychiatric inpatient treatment for persons with mental health problems. Mendota Juvenile Treatment Center houses a secure correctional facility to meet the mental health needs of male adolescents from Wisconsin Department of Corrections juvenile institutions. Sand Ridge Treatment Center provides treatment for individuals civilly committed under the sexually violent persons law and persons placed in the community on supervised release.

DDES also operates the Wisconsin Resource Center as a medium security facility for mentally ill prison inmates whose treatment needs cannot be met in the Wisconsin Department of Corrections.

The Division of Health Care Financing (DHCF) is responsible for administering Medicaid, BadgerCare, SeniorCare, Chronic Disease Aids, Family Care, FoodShare, and the Health Insurance Risk Sharing Plan. DHCF is also responsible for conducting disability determinations for the Social Security Administration, Medicaid, and Katie Beckett programs.

Medicaid pays for health-related services to low-income families and children, people with disabilities and low income seniors, including services provided by nursing homes, fee-for-service and managed care health care providers. In July 2005 Medicaid covered 15 percent of Wisconsin residents, which is more than the top ten commercial health insurers combined.

The Division of Public Health (DPH) manages programs in the areas of environmental health, occupational health, family and community health, emergency medical services, injury prevention, chronic disease prevention, health promotion, communicable disease prevention, oral health, school health, minority health and women's health.

The Division of Management and Technology (DMT) provides personnel, financial, information technology and other administrative services to the program divisions of the Department and supports the divisions in delivering quality, cost-effective programs for the Department's clients.

The Office of Legal Counsel (OLC) provides legal advice to the Secretary, Secretary's management staff, the Department's Division Administrators, and the employees of each Division.

The Office of Strategic Finance (OSF) is responsible for policy development and review, budget preparation, facilitating appropriate federal funding, strategic planning, assessing program effectiveness, and coordination and monitoring of regional and tribal operations. In addition, as part of a reorganization during this biennium, the former Office of Program Review and Audit became part of OSF. Consequently, OSF now also has responsibility for establishing sub-recipient audit policies and reviewing and resolving sub-recipient audits, coordinating and conducting department-wide program reviews of sub-recipients, participating in and/or leading department-wide efforts to improve business processes, and conducting internal audits.

Wisconsin Department of Health and Family Services

DIVISION OF DISABILITY AND ELDER SERVICES

The purpose of the Division of Disability and Elder Services (DDES) is to:

- Ensure the quality of life of people with disabilities and older people by developing policies, programs and funding options for community living and participation.
- Develop programs that prevent, postpone or lessen dependence on long term care or mental health/substance abuse services.
- Promote programs and treatment approaches that result in recovery from mental illness and addiction.
- Ensure quality of care and treatment in the institutes, centers and secure treatment facilities that we operate, as well as in over 40 types of programs/facilities over whom we have the regulatory oversight responsibility.
- Ensure and improve public safety by treating and supervising persons with criminal justice involvement, including sexually violent persons.

The Division is organized along three major lines of business: Long-Term Support, Mental Health and Substance Abuse Services, and Quality Assurance.

1. Long-Term Support

- The Department continues to pursue managed care strategies to improve consumer outcomes and to contain costs under the Medicaid program. Wisconsin has two managed care programs to serve people with long-term care needs. The Partnership Program integrates acute, primary and long-term care services into one program, including services funded by Medicaid and Medicare. In 2004, 2,861 frail elders and people with physical disabilities were served under the Partnership program in Dane County, Milwaukee County and the Eau Claire area.
- Family Care is the other managed care program serving frail elders, adults with physical disabilities and adults with developmental disabilities. Under Family Care, all long-term care programs are managed as a comprehensive benefit, and the Care Management Organizations coordinate with acute and primary services. In 2004, 10,998 people were served in Fond du Lac, Portage, Milwaukee, La Crosse and Richland Counties under Family Care.

  Partnership and Family Care improve consumer outcomes by managing health and social services of participants through interdisciplinary teams that include a social worker, nursing staff, the member, and other specialists as needed. The programs save the state money by

reducing nursing home and hospital utilization, and by substituting lower cost social services for higher cost medical services.

- Improved access to information about long-term care is provided by Aging and Disability Resource Centers (ADRCs) in the five Family Care Counties. Four additional counties have also been operating aging and disability resource centers. Through a competitive process, nine new Aging and Disability Resource Centers are being developed. Aging and Disability Resource Centers provide information and assistance regarding the complex system of long-term care to the public, and the array of local options for adults with disabilities and senior citizens. Over 80,000 citizens contact ADRCs by telephone or in person each year. ADRCs assist with eligibility determination for Family Care and home and community-based programs including COP and CIP. Resource Centers have developed highly effective programs to delay or prevent the future need for nursing home care, such as programs to prevent falls among the elderly and chronic disease self-management instruction.

- The Guardian Mentor program continues to provide statewide assistance and supports to guardians representing people moving from the state Centers for the Developmentally Disabled. The guardian-to-guardian approach was especially helpful for guardians of people transitioning out of Northern Wisconsin Center. A series of informational materials and a guardian-to-guardian videotape have been completed for use with guardians.

- Nutrition plays a critical role in the Department's ongoing effort to ensure health for older individuals. The Elderly Nutrition Program served 2.5 million meals to 38,000 older persons at 590 meal sites. Volunteer drivers served 2.7 million meals to frail, homebound older people.

- In an effort to promote financial independence, county elderly benefit specialists served 30,000 older people each year, giving assistance with applications for Senior Care, Supplemental Security Income, Medicare, Food Stamps and Medicaid, and challenging appeals of denials. Additional support has been provided to benefit specialists and to statewide organizations to explain the Medicare Part D prescription drug program. Federal, state and local funding supports the work of about 90 elderly benefit specialists. It is estimated that the program recovered or secured federal and other benefits for Wisconsin older persons each year valued at $22.2 million, which is a $6 return to the state's senior citizens for every dollar invested. The Disability Benefit Specialist program operates in nine counties through the Aging and Disability Resource Centers, and will expand to an additional 13 counties with new resource centers. With a primary focus on Social Security disability benefits, the program is capturing over $1 million annually in new federal benefits in the counties that operate the program. All benefit specialists received extensive training and oversight by attorneys with expertise in public benefits law.

- Under the state's Elder Abuse Reporting Law, all counties maintain a telephone line to receive reports of abuse or neglect of elderly people. In 2003, there were nearly 4,000 reports of abuse of older people. Counties have established strong lines of communication across agencies in health, law enforcement and social service systems to identify victims of abuse.

- Partnerships with the Department of Justice are helping local law enforcement increase discovery and remediation of financial abuse and exploitation of older people.

- The Division provided services during each calendar year of the biennium to nearly 2,100 visually impaired clients, the average age of whom was 79 years. These services assist individuals who are losing their eyesight to remain independent in their own homes. The Division provided consultation to citizens that are deaf and hard of hearing, and to employers and service providers, in order to increase opportunities and access for deaf and hard of hearing citizens of all ages.

- During the 2003-05 biennium, the Department administered monthly Supplemental Security Income and Caretaker Supplement cash benefits to more than 100,000 individual beneficiaries and their 12,000 children. By the end of the biennium, these benefits totaled over $256 million in State General Purpose Revenue and $50 million in Temporary Assistance for Needy Families funding per year.

- People with disabilities can and do want to work. They represent the largest untapped group of potential workers available to meet the demands of 21st century employment. Wisconsin holds a leadership position nationally in developing innovative and effective employment services and supports for our citizens with disabilities, enabling them to join the workforce and achieve and sustain economic security. For example:

    - Wisconsin's Medicaid Purchase Plan, a program that provides workers with disabilities access to essential health care coverage, has over 7,000 participants.

    - Wisconsin's Department of Health and Family Services' Pathways to Independence program has become the nation's recognized leader in capturing federal grant support for developing new policies and services that result in higher rates of employment and wages.

- The Family Support Program provided essential supports and services to 2,406 children with severe disabilities in 2004. An additional 655 children received one-time funding to meet a critical need even though they remained on the waiting list for other important services and supports. Another 2,758 children were on the waiting list for services. Counties projected that they would be able to serve more children in 2005 because of the ability to match the state Family Support Program funds with federal funding through the children's home and community-based services waivers.

- The Department continued to provide services to children through the home and community-based services waivers. This includes children with autism spectrum disorders receiving intensive treatment services, as well as children with other long-term support needs. There are currently 1,764 children participating in the Children's Long-Term Support Waivers.

  Represented within these numbers are 771 children receiving intensive in-home autism services, 734 children with developmental disabilities or severe emotional disturbance receiving community supports and services, and 15 children receiving services related to crisis needs. Counties have also started to bring children on to these waivers using local funds as a match to the federal funds.

- A system of parental fees was implemented for children with long-term support needs in 2005. This process requires that families who have the resources to share in the cost of their child's services make a reasonable contribution. The percentage of cost that the family pays is based upon family size and comparison of income to the federal poverty level figures. Families pay between one and 41 percent of their children's service plan costs. The funds collected through this system are reinvested into children's long-term support services.

- The Birth to 3 Program provided services to infants and toddlers with developmental needs. Statewide and over the course of the year, 11,514 children received early intervention services to improve their developmental outcomes. The point-in-time count, data collected to reflect how many children are in the program at any given time, was 5,756 children. Wisconsin is serving 2.79 percent of the population of children from birth to 36 months. The minimum federal requirement is 2.5 percent. Therefore, Wisconsin is within the expected range for these services.

- Special Medicaid eligibility through the Katie Beckett Program provided critical Wisconsin Medicaid State Plan services to 4,068 children. Another 1,209 children who are also participating in the waivers noted previously are receiving their Medicaid eligibility through this program.

- Northern Wisconsin Center (NWC) continued to phase out long term care for persons with developmental disabilities. On July 1, 2003, there were 172 people living at NWC and on July 1, 2005, 18 people remained. Planning is underway for all but three persons to move to the community in the remainder of 2005. Transition planning for the remaining three persons is ongoing.

- During the 2003-05 biennium, the number of persons living at Central Wisconsin Center (CWC) declined from 345 people to 333. Central Wisconsin Center was formally recognized as the recipient of the 2004 Mastery Award. The Mastery Award is an advanced level of organizational achievement, and was presented to CWC by Wisconsin Forward Award, Inc. on February 1, 2005.

- Southern Wisconsin Center (SWC) has utilized internal resources to remodel three former unit areas into full apartment settings for persons with developmental disabilities. These environments are decorated to reflect both current styles and the interests of the people who live there. Restraint usage for people living in the apartment settings has either been phased out or significant reductions have occurred. Southern Wisconsin Center has provided opportunities for people with developmental disabilities living on the campus to experience integrated recreational activities. Local community recreational leagues schedule the SWC baseball diamonds and soccer fields for games. These recreational leagues afford the persons living at SWC opportunities to observe and cheer game participants. In winter, the SWC gym is utilized by local basketball leagues with opportunities for people living at SWC to intermingle with other fans.

- The Community Options (COP) and Community Integration (CIP) Programs, supported by state and federal Medicaid funds, provide an alternative to institutional care for the frail elderly, people with physical disabilities, and people with developmental disabilities. In 2004, 25,437 people who qualified for nursing home level of care received alternative community based services. In 2003, the cost of serving the elderly and people with physical disabilities under the COP Waiver and CIP II programs was $77.03 per day. If these people would have been served in nursing homes, the cost would have been $99.14 per day.

- During this biennium, the Community Integration Initiative (CII) was rolled out in phases. The initiative is intended to increase the scope and quality of services provided to support people with developmental disabilities in high quality, cost-effective, non-institutional settings. Four regional support teams were created to assist various stakeholders in their efforts to develop sustainable systems of services and supports at the local level with a special emphasis on meeting complex health and/or behavioral health needs.

- The ICF-MR Restructuring Initiative began in January 2005. This initiative allows people with developmental disabilities who reside in Intermediate Care Facilities for Person with Mentally Retardation (ICFs-MR) to be relocated into more integrated community settings. The initiative provides residents of these institutions more legal rights to live in the community, and allows money that was previously dedicated for the institutional care to follow the recipients into the community to support their community services. As of October 1, 2005, 166 people have relocated into integrated community settings under this initiative. Two ICFs-MR have closed since January 2005, and a number of other facilities are planning to close over the next two years.

- In 2003 and 2004, 476 frail elders and people with physical disabilities were relocated from nursing facilities into more affordable community based care. 272 of these people were able to relocate into their own homes or apartments, while the remaining people lived in residential programs. With the passage of the Community Relocations Initiative in the 2005-07 biennial budget, the Department expects that 1,440 frail elders and people with disabilities will be relocated into the community in the 2005-07 biennium.

2. Mental Health and Substance Abuse Services

- Youth tobacco access rates dropped from 33.9 percent in 2001 to 18.5 percent in 2003, to 8.3 percent in 2004.

- In 2004, 420 new women with dependent children received substance abuse services under the urban/rural women's treatment program [s. 46.86(6), Wis. Stats.]. These women were involved in multiple systems such as corrections, child welfare, W-2, and mental health. Sixty percent of these consumers were either actively participating in treatment and progressing well or had successfully completed treatment; 92 percent achieved a decrease in alcohol or other drug abuse; 79 percent achieved a decrease in criminal justice involvement; 51 percent achieved employment; and 58 percent of consumers achieved a permanent, positive living situation.

- In 2004, 893 children and their families received mental health services through 26 Integrated Service Programs and Coordinated Service Teams. Of these children served, a sample of 193 children demonstrated 32 percent improvement in their level of functioning in the first 12 months of their mental health treatment. In addition, 88 percent of a sample of 190 parents/guardians were satisfied with the efforts of their service team during their child and family's treatment.

- In the 2003-05 biennium, the Bureau of Mental Health and Substance Abuse Services helped establish 24 new mental health/substance abuse treatment programs across the state. One additional Community Support Program was established in Pierce County to bring the state total to 78. Five Regional Crisis Programs were established that cover most counties in the state. The number of children's Integrated Service Programs and Coordinated Service Team initiatives were expanded by nine to bring the total to 38. The new Comprehensive Community Services benefit is currently offered in nine counties.

- Wisconsin has made significant progress in expanding crisis intervention services to avoid unnecessary and costly psychiatric hospitalization. Through a competitive grant application process emphasizing regional cooperation among counties, the State of Wisconsin doubled the number of certified mental health crisis intervention programs offered by counties. Most citizens in Wisconsin now have access to this critical service.

- Winnebago Mental Health Institute's Waterwood Day School accepted 21 students in SFY '04 and '05. These students would have otherwise needed full-time hospitalization. Ninety-four percent of the students enrolled avoided hospitalization and successfully completed the program and returned to their community school.

- The Mental health Institutes are committed to quality care with dignity and respect without reliance on use of coercive techniques used in this type of facility in the past. National data

shows that the Mental Health Institutes consistently use 50 percent less hours of restraint per 1,000 inpatient hours than the national average.

- A 2005 study of the Mendota Mental Health Institute's Juvenile Treatment Center's effectiveness showed that over a 4-1/2 year release follow-up period, 86 percent of the Mendota treatment group committed no further violent offense (14 percent were charged with a violent offense) while 66 percent of the matched comparison non-treatment group committed no further violent offense (34 percent were charged with a violent offense). Further, the comparison group committed 16 homicides post-release while the Mendota treatment group committed none. In another 2005 study, the cost-benefit of treating violent juveniles was analyzed. Initial costs of the program were greatly offset due to improvement in treatment progress and lowered violent recidivism. The Mendota treatment group yielded a benefit-cost ratio of more than seven dollars returned for every one dollar invested. The research demonstrated that investing in treatment of juveniles is cost-effective and reduces violent crime.

- The Wisconsin Resource Center admitted 73 patients into the Chapter 980 program during the 2003-05 biennium. Of this number, 21 patients subsequently consented to treatment and were given pre-treatment assessments before being transferred to Sand Ridge Secure Treatment Center. In addition, 11 patients who were placed previously also consented while at WRC. The Resource Center's goal in working with committed sexually violent patients is to encourage consent to treatment and involvement in the Sand Ridge Secure Treatment Center's program. At the end of the biennium, the Resource Center began preparing to house an additional 60 beds for patients in response to projections of increased patient admissions resulting from recent changes to Chapter 980. In the Resource Center's present primary line of business, treating prison inmates with mental illness, by judicious use of increased double-bunking, inmate capacity was increased by approximately seven percent. The result is increased support to the Department of Corrections and services for inmates with mental health issues, without increased staffing costs for the Department of Health and Family Services. During the 2003-05 biennium, the Resource Center admitted 776 inmates from the Department of Corrections; during this period, 501 were returned to the Department of Corrections, while 252 reached the end of their incarceration and were released to the community.

- The state's Sexually Violent Persons program implemented the new standards for commitment and release that were created in 2003 Wisconsin Act 187. This legislation changed the commitment criteria from "substantially probable" to "more likely than not" to commit a future sexual assault. In addition, the Sand Ridge Secure Treatment Center established a definition of "significant treatment progress"—a newly established requirement for supervised release—that is used by evaluators in their reports to courts.

- In 2004, the Chapter 980 program enhanced the level of information that is provided to the courts relative to individuals committed as Sexually Violent Persons. Specifically, the Sand Ridge Secure Treatment Center implemented a system of sending a two-part report to the

courts. Previously, reports to the courts had only included a re-exam of the person (a report reflecting an individual evaluator's assessment of the person). The new system added a second component that details the individual's progress in treatment and ongoing treatment needs.

- Conditional Release Program performance measures indicated that the average daily population of conditional release clients is increasing. This increase reflects the court system's confidence in the program that diverts offenders with mental illness from costly mental health inpatient commitments to community supervision. Although the population continues to increase, with 413 served in FY05, the program continues to demonstrate very positive outcomes. The revocation rate in FY05 was 10.4%, one of the lowest in the country. The reconviction rate was 1.6%, the lowest in the country.

- In collaboration with the Department of Corrections, the Female Offender Re-entry pilot was started in 2004 to break the cycle of incarceration by providing supports to children and their mothers who are non-violent offenders and are released from prison. The goal of the pilot is to design effective approaches to providing reach-in support prior to release and treatment and support services to safely reunite these mothers with their children and reintegrate them successfully into the community. What was learned in the pilot will be used to implement a program in Milwaukee with a goal of serving 120 women and their children.

- In August 2004, the Department began implementing a federal Access to Recovery Grant that provides $6.8 million in voucher-funded services in Milwaukee County for alcohol and other drug abuse services to Department of Corrections' clients returning to the community or as an alternative to revocation, and to individuals in the Milwaukee County general population. These populations include a significant percentage of women and their families. As part of the grant, the Governor's Office established a Wiser Choice state-level executive committee to oversee the grant activities. Full implementation of the grant began in June 2005 including Voucher, Faith Based, and Recovery Support Services to ensure client choice, increased capacity and successful outcomes. Wisconsin is projecting to serve over 7,500 clients during the three-year grant period.

- Wisconsin leads the nation with the percentage of women who drink while pregnant, thus exposing the fetus to Fetal Alcohol Spectrum Disorders. As part of a federal grant, the Department developed strategies to reduce the number of women who drink while pregnant. A program concept was developed targeting low-income women who drink during pregnancy. The implementation of the initiative will start in 2006.

3. Quality Assurance

- The Bureau has consistently provided new, updated, and more accessible information via the website. Providers can now register for bureau trainings on line; providers and consumers

can access provider directories; and interested providers can access many provider specific applications via our website.

- The Bureau is funding a project position that focuses on improving the quality of care for persons with dementia-related diagnoses residing in special care units of nursing homes. Specific goals include reducing the use of medications to address behavioral issues and establishing an infrastructure to sustain information sharing and collaborative activities that enable nursing homes to access ongoing support to continuously improve their knowledge and practice. Two nursing homes are currently receiving on-site technical assistance.

- During this biennium, five nursing homes and five Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) closed with others undergoing closing or downsizing. As each facility closed, information was provided and residents were encouraged to consider all options, including moving into a less restrictive, more integrated setting. The Bureau has also funded two projects related to relocation and effects of moving from one facility to another. One project with the University of Wisconsin-Eau Claire studied the effects of relocation trauma related to closures of nursing homes. The other project with Winona State University is looking at how resident relocation affects functional ability and daily life skills of nursing home residents. These projects will give the providers and others involved in relocations due to closures valuable information about ways to reduce relocation trauma.

- Informal Dispute Resolution (IDR) is an informal appeal process offered to nursing homes and ICFs/MR in Wisconsin following citations issued to a facility. Previously, IDR was conducted by BQA staff but, in response to concerns voiced by stakeholders and due to shrinking resources, it was contracted out to the Michigan Peer Review Organization (MPRO). The MPRO contract was put in place in August 2004. A meeting with stakeholders discussed how the process is going and any changes will be made based on recommendations given.

- Starting January 1, 2004, BQA began asking all providers who are surveyed by BQA to complete a questionnaire about their experience with the survey process. Questions focused on the process itself, as well as the knowledge and professionalism of the staff. Data analysis of surveys returned shows a high degree of satisfaction with the survey process. The survey tool is currently under review to make it easier to complete and increase the return rate.

- BQA has begun using webcasting over the Internet as a new technology for training. Because BQA has staff located all over the state, and because many are teleworking, it is very costly to bring staff together to one location or to send training staff around the state to provide the training. Using this technology, staff can participate in live webcasts and be able to ask questions, participate in polling questions, etc. Those who cannot participate can access the webcast training at any time for viewing. This is expected to provide budget savings in the training area. Focus will also be on provider trainings that are appropriate via

this medium. The Bureau provided exceptional training to providers and surveyors throughout the biennium. This included updates on both state and federal regulations and requirements as well as training that focused on improving the quality of care and quality of life for the people who receive services in the State's regulated settings. Emphasis during this time has been placed on using recognized standards of practice.

- BQA promulgated rules for the administration of the cancer drug repository program under which unused, donated cancer drugs and supplies may be dispensed to individuals who are diagnosed with cancer. This rule went into effect on July 1, 2005.

- During this biennium, a workgroup consisting of interested stakeholders collaborated on making changes to the administrative rule for community-based residential facilities, ch. HFS 83, Wis. Adm. Code. This rule is anticipated to move through the promulgation process in 2005 or early 2006. The rewrite made the rule less prescriptive, better organized and incorporates BQA memos and other regulatory requirements that have occurred since the rule was implemented in 1997. It also has a more outcome-based focus. Drafts were shared with the Community Based Residential Facility (CBRF) forum group along the way so all changes could be reviewed and discussed.

- On November 1, 2004, changes to chs. HFS 132 and HFS134, Wis. Adm. Code, went into effect. The primary changes to these rules were to eliminate outdated rules, update existing policies to recognize changes in service delivery and technology, eliminate overly prescriptive rules where possible and make the rules more reflective of and compatible with comparable federal rules. These changes represent the first substantial changes to chs. HFS 132 and HFS 134, Wis. Adm. Code in more than ten years.

- Under the direction of the Department's Project Charter, BQA convened internal workgroups to update chs. HFS 124 and HFS 132, Wis. Adm. Code, to reflect current standards of care and practice and eliminate duplicative state regulations that are already addressed in Wisconsin Statutes, Chapter 50, the Wisconsin Commercial Building Code and the federal hospital and nursing home regulations. The intent was to streamline the administrative codes by eliminating duplicative regulations that provide unnecessary specificity and adopt the applicable federal regulatory language. The proposed changes will reduce regulatory burden to health care providers but maintain a system that is able to reflect the changes in practice and technology. Both proposed rule changes are currently under review by interested stakeholders.

- The forfeiture backlog was eliminated during the biennium. The Bureau assesses forfeitures following survey activity where state citations are issued. There has been a backlog of assessing forfeitures for many years. As a result of a 2002 LAB audit, more resources were provided in an effort to eliminate the backlog and meet an internal goal of assessing forfeitures within 120 days of the date of exit from a survey. On August 1, 2004, the backlog was eliminated and the Bureau has maintained the completion of the assessments within the

120 day window, with few exceptions. This more directly ties enforcement actions to outcomes of surveys.

- The Office of Caregiver Quality collaborated with stakeholders to develop and implement a feeding assistant program. In March 2004, BQA issued a memo to nursing home and ICFs/MR providers that allows them to hire and train staff to assist in the feeding of residents. This program enables nursing homes and ICFs/MR to hire staff above the minimum requirements to assist residents during meal times. The provider community embraced the feeding assistant program: 42 programs trained 203 feeding assistants in 2004.

- In December 2004, the BQA Office of Caregiver Quality was awarded a $2,358,000 grant to participate in a federal criminal background check pilot program. $1.5 million was awarded to Wisconsin to implement an FBI fingerprint check into the existing name-based background check. $858,000 of the grant was awarded to develop and conduct abuse and neglect prevention training to direct caregivers. The pilot is well underway with a January 1, 2006 projected date of implementation for the fingerprint check portion of the project.

- In early 2005, the job duties of the Office of Caregiver Quality intake field investigators were redesigned to conduct “desk investigations” of appropriate cases that formerly would have been assigned to field investigators or the contract investigators. This process saves time and dollars by preventing unnecessary onsite investigations.

- Nurse Aide Training and Testing Programs ensure a statewide level of standard in training and testing. In 2004, the Department:

    - Approved six Nurse Aide Training Programs, bringing the total number of training programs to 121.

    - Completed 49 Nurse Aide Training Program on-site reviews.

    - Terminated 31 Nurse Aide Training Programs.

    - Added 8,184 newly trained nurse aides to the Wisconsin Nurse Aide Registry. (There are 175,847 aides currently on the registry.)

    - Updated 18,234 nurse aides’ records to maintain current employment eligibility. (A total of 52,200 nurse aides are currently eligible to work in federally certified facilities.)

    - Continued to contract for the Wisconsin Nurse Aide Registry and Competency Testing services to improve program integrity and accountability.

    - Approved 38 Feeding Assistant Training Programs following the implementation of the federal regulations effective October 2003.

- Entity Background Checks are completed on owners, board members and non-client residents of regulated facilities at the time of license application and at least once every four years after that date:
    - 1,394 entity caregiver background checks were completed in 2004.
    - 9,766 entity caregiver background checks have been completed to date.
- The Department investigates allegations of caregiver misconduct (abuse or neglect of a client or misappropriation of a client's property) by non-credentialed caregivers employed or contracted by all BQA regulated facilities:
    - 1,083 Caregiver Misconduct Incident Reports received in 2004.
    - 705 allegations of misconduct were screened and investigated in 2004.
    - 168 findings of abuse, neglect or misappropriation were substantiated in 2004.
    - 1,306 substantiated findings currently listed on the Caregiver Misconduct Registry.
- The Bureau implemented changes to the assisted living data system to support the new assisted living facility survey process and the facility incident self-reporting requirements in April 2005. The Bureau implemented the federal Centers for Medicare and Medicaid Services (CMS) ASPEN Enforcement Management system, which tracks enforcement cases.
- The Assisted Living Section has received two National Awards from the Association for Health Facilities Survey Agency (AHFSA):
    - 2003 AHFSA Best Practice – 1st Place in the area of Quality Improvement – "Assisted Living Enforcement Manual"
    - 2004 AHFSA Promising Practice – 1st Place in the area of Quality Improvement – "Assisted Living Survey Process"
- Five states have worked with BQA to implement similar programs in the oversight and regulation of assisted living facilities, increasing the national awareness of the excellent survey processes developed in Wisconsin.
- The Assisted Living Section has implemented a number of streamlining initiatives that have resulted in improved operations and a significant decrease in outstanding workload. Streamlining initiatives include: Implementation of a new survey process, web-based licensing application process, redistribution of resources and regional responsibility, and implementation of a comprehensive quality assurance program.

- During the biennium, BQA has spent significant resources in the development and training of staff charged with the difficult job of regulating assisted living facilities, which include over 2,400 facilities and almost 35,000 licensed beds. Much of the training centered around person's with developmental disabilities as people are moving from institutional care to the communities.

- During the biennium, staff of BQA expanded collaborations with County Human Services agencies, Family Care-Care Management Organizations (CMOs) and Resource Centers, Department of Justice, Advocates, and a number of state agencies, provider associations and other stakeholders of assisted living to increase the awareness of problems, concerns and emerging issues. Increased collaboration has led to overall improvement in the industry evidenced by decreased complaints received, decreased enforcement actions and less non-compliance. This occurred at the same time the State saw an increase in the number of facilities. Collaborations included significant work with counties, providers and other state agencies related to the downsizing of state centers and the closure and downsizing of ICFs/MR and the successful relocation of persons with developmental disabilities to the community.

- BQA has granted a number of waivers and variances to support innovative concepts of service delivery. Some examples include the following:

    - Variance memo issued in June 2005 that provides regulatory relief for certified outpatient mental health clinics with regard to clinic personnel, staff-to-client ratios and release of records.

    - Variance for outpatient mental health clinics that recognizes the licensure of social workers, marriage and family therapists and professional counselors. Licensure of these professionals was achieved through passage of WI Act 80. Granting of this variance negated the code requirement for this group of credentialed professionals to receive individual provider status approval through BQA. The variance saves many hours of the professionals' and BQA staff time. In addition, the variance enables these professionals to obtain reimbursement from the Medicaid program more quickly, improving client access to care.

    - Variance to outpatient mental health clinics that allows clinics to implement peer collaboration in lieu of the requirement of supervision for professionals with individual provider status. Clinics have indicated that the collaboration option has provided for more meaningful oversight of therapy, time savings for psychiatrists that enables them to spend more time with patients, and money savings.

    - Waiver and variance memo for home health providers related to patient rights, advance directives and patient liability for payment.

- Variance that officially "recognizes" Advanced Practice Nurse Prescribers in community service providers and outpatient mental health clinics. This variance has improved access to treatment and recognizes Advanced Practice Nurse Prescribers for the services they are licensed to provide under the Administrative Code for the Board of Nursing.

- The Assisted Living Section has established a statewide committee, Waiver, Approval, Variance and Exception (WAVE) Committee, to approve or deny any requests by a regulated assisted living facility that requires "department approval." The purpose of the committee is to ensure that all requests are reviewed consistently throughout the state and that the department is in compliance with its statutory and administrative authority.

- When the health and safety of nursing home residents is at imminent risk, the Department can obtain a court order for receivership of a facility. During the 2003-05 biennium, the Department had a receivership for one Facility for the Developmentally Disabled (FDD) and another receivership for a nursing home. In both cases, the purpose of the receivership was to close the facilities and ensure the health, safety and welfare of the residents during an orderly relocation process. During the process, residents were assessed to determine the most appropriate setting; home, community or another facility.

  - The Facility for the Developmentally Disabled, Heartside Rehabilitation Center in Milwaukee, closed on December 31, 2003. Of the 183 residents living in the facility at the time of the closure, 151 were transferred to community settings.

  - Havenwood nursing home in Milwaukee was taken into receivership in May 2005. The nursing home resident relocation is in progress. The facility census was 164 when the closure plan was approved. As of September 29, 2005, 40 residents remain at the facility.

3. Goals

- Provide community based living options to elders and individuals with disabilities by implementing the Community Relocation Initiative, continuing the ICF-MR Rebalancing Initiative, relocating individuals from state Developmental Disability Centers and implementing the new waiver for relocating individuals with mental illness from nursing homes.

- Expand managed care in the long-term care area and expand SSI managed care.

- Develop additional Aging and Disability Resource Centers with the goal of providing access all Wisconsin citizens with access to an ADRC by 2008.

- Develop a virtual resource center to provide around the clock computer access to information.

- Expand mental health and AODA treatment options by increasing the number of recovery oriented and evidence based practices, especially Comprehensive Community Support Services, crisis intervention services and increased use of evidence based mental health and AODA services in community and institutional programs.

- Collaborate with the Department of Corrections on initiatives that improve successful re-entry of offenders and provide alternatives to incarceration. Some of these initiatives include the Female Offender Re-entry Pilot, Wiser Choice services, implementation of Offender Accountability Act, etc.

- Implement prevention programs, especially in falls prevention, Fetal Alcohol Syndrome prevention and expanded use of evidence based chronic disease management programs.

- Continuously improve children's long term support services and waiver services with input from the Autism Council and Children's Long Term Support Council.

- Expand the treatment capacity to serve persons under Chapter 980, Wis. Stats., at Sand Ridge Secure Treatment Facility and Wisconsin Resource Center as a result of the law changes.

- Continue developing strategies to make regulations and licensing more streamlined and efficient while maintaining health, safety and welfare of the vulnerable individuals served by these programs. Some of these activities include promulgation of revised chs. HFS 132, 124, 83 and 35, Wis. Adm. Code (state regulations for nursing homes, hospitals, community-based residential facilities and mental health outpatient – Medical Assistance and programmatic).

- Strive to improve quality in community and institutional programs and develop mechanisms to pay for performance and outcomes.

- Continue streamlining county administered waiver programs while maintaining accountability and program integrity.

4. Flexible Work Schedules

The Bureau of Quality Assurance implemented a teleworking program for surveyors across all program types in the Spring of 2005. 105 of 120 surveyors currently are participating in this program and it will be mandatory for all new surveyors. Surveyors typically spend approximately 80 percent of the time in the field. Staff productivity, teamwork and effective communication are maintained or

improved by the transition to teleworking and it is expected to improve staff retention and recruitment. There will be annual cost savings resulting from office space reduction.

Five hundred and forty seven (547) of the Division of Disability and Elder Services' (DDES) 4,284 employees at the end of the biennium were in permanent part-time positions. This reflects little change over the course of the biennium and it is unlikely that more of the Division's full-time positions will be split into part-time positions.

The majority of the part-time positions are within the DDES institutions. Employees work a variety of flexible hours and most have the flexibility to choose specific daily starting and ending times. Coverage on all the units is an important tool at the institutions seven days a week and 24 hours a day and the flexibility of schedules allows employees to pick and choose their times to make sure coverage is provided at all times.

All other employees can choose specific daily starting and ending times within a range, but all work full-time and are on the job during core hours for each work day.

Wisconsin Department of Health and Family Services

DIVISION OF PUBLIC HEALTH (DPH)

The Division's overarching goals are to eliminate health disparities and to improve the health for everyone, making Wisconsin a healthier and safer place to live. Many DPH programs—such as the Oral Health, Immunization, WIC, Nutrition and Physical Activity, Tobacco Control, Asthma, Lead, Teen Pregnancy Prevention, and Injury Prevention—have a direct connection to the 'Healthy Kids' priority outlined in Governor Doyle's "KidsFirst" initiative.

During the 2003-05 Biennium, DPH conducted a thorough review of functions, services, and organizational structure. Based on the results and recommendations of the review, DPH reorganized itself into five bureaus, two offices, and five regional offices. The Department of Administration approved the reorganization in 2004.

1. Reorganization Costs and Savings

This reorganization of the Division of Public Health has resulted in a reduction of 7.17 GPR FTE and $655,700 GPR. These reductions were included in the Department's FY2005 reduction plan submitted to the Department of Administration on February 2, 2004. As a result of the reorganization, program revenue and federal funds were freed up and reallocated. The Division freed up $278,500 in block grant funds that were reallocated from state operations to local assistance.

These savings and reallocations come from a combination of reducing position authority by eliminating functions and reallocating federal and program revenue position authority and revenue to accurately fund remaining functions. Functions cut as a result of the restructuring are: two Bureau Directors and an Office Director, along with their assigned program assistants; one of the four Chief Medical Officers; two budget analysts; and the Women's Health Officer.

The Division of Public Health was reorganized into the following Offices and Bureaus:

Office of the Division Administrator
The Office of the Division Administrator provides overall direction and oversight to the Division of Public Health.

Office of Operations
The Office of Operations has the primary responsibility of providing the operational and administrative support for all Division staff as well as the direct support for the Office of the Division Administrator.

Bureau of Community Health Promotion
The Bureau of Community Health Promotion provides a statewide model of integrative public health programming across the life span. Major functions include: statewide development and implementation of program practices and policies; development of federal grant applications; development and enforcement of standards and guidelines related to chronic disease, family health including children with special needs, injury, nutrition and tobacco prevention control; and evaluation of existing and proposed legislative proposals.

Wisconsin Department of Health and Family Services

Bureau of Environmental and Occupational Health

The Bureau of Environmental and Occupational Health administers statewide programs to increase public awareness of environmental and occupational health hazards and disease and works to prevent and control exposure to environmental and occupational health hazards. The Bureau provides tracking of environmental and occupational illness through disease surveillance programs, provides consultation to employers, local public health agencies and the public on many technical issues and promotes risk reduction through assessment, evaluation and control of environmental and occupational hazards. The Bureau regulates and licenses restaurants, lodging and recreational facilities, x-ray equipment, radioactive materials and devices and certifies lead and asbestos abatement workers, food managers and environmental health professionals.

Bureau of Communicable Diseases and Preparedness

The Bureau of Communicable Diseases and Preparedness is responsible for the prevention and control of communicable diseases in Wisconsin and for ensuring that the public health and hospital systems are fully prepared for bioterrorism, other infectious disease outbreaks and public health threats and emergencies. The Bureau provides surveillance and epidemiological follow-up of more than 70 reportable communicable diseases. It is also responsible for monitoring scientific advances in the field of communicable disease prevention and control research, and for incorporating those that are appropriate into public health practice.

Bureau of Health Information and Policy

The Bureau of Health Information and Policy collects, maintains and provides vital records for the citizens of the state; integrates and manages major public health related information systems; collects, protects, disseminates and analyzes health care and population-based health data needed to conduct critical state business; and supports division-wide planning and policy focus on population health that results in achieving the goals set out in the state health plan, Healthiest Wisconsin 2010.

Bureau of Local Health Support and Emergency Medical Services

The Bureau of Local Health Support and Emergency Medical Services builds partnerships and provides leadership and support through the development and recommendations of statewide policy related to the Wisconsin Public Health System and emergency medical services community. Major functions include: statewide development and implementation of program practices and policies related to community health and prevention; communicable disease and preparedness; environmental and occupational health; emergency medical services; primary care services; and public health planning and information. Additional functions include the development of federal grant applications and overall coordination of the Prevention Block Grant; evaluation of existing and proposed legislative proposals; and ensuring that quality emergency medical care, primary health care, and public health programs and services are available for everyone in Wisconsin.

2. Performance and Operations

a. Disease and Health Hazards

DHFS to certifies individuals offering asbestos management services and accredit asbestos training courses. Overexposure to asbestos fiber has been associated with lung disease, including cancer. The total number of certified asbestos professionals is up 9.5% since 1998 from 3,190 to 3,497. The number of asbestos project inspections conducted by program staff is up 178% since 1998, from 182 in SFY '98 to 507 in SFY '04. The number of compliance actions initiated also increased from zero actions taken in 1998-99 to 46 in SFY '04 and 74 in SFY '05. The increase in the number of onsite inspections conducted by the program and the consequent increase in compliance actions corresponds with the steady increase in the number of certified persons, including a 20% increase in the number of certified asbestos supervisors and a 26% jump in the number of certified asbestos workers since 1998.

The Wisconsin Asthma Program continues its efforts to improve the quality of life for persons with asthma and their families. Data shows that 8% of children (114,000) and 9% of adults (337,000) in the state have been diagnosed with asthma at some point. DHFS successfully competed in April 2004 and again in 2005 for a multi-year, $350,000 per year, cooperative agreement from the U.S. Centers for Disease Control and Prevention to continue and expand the Wisconsin Asthma Program. Initiatives in 2004 included: the publishing of the comprehensive statistical report, *The Burden of Asthma in Wisconsin-2004*; collaborating with the Fight Asthma Milwaukee Allies Coalition to reduce the burden of asthma in Milwaukee among disproportionately affected populations; funding low sulfur fuels for school buses in the Milwaukee area; providing physician education; and supporting the Menominee Tribal Clinic to enhance patient asthma education and outcomes among members of the Menominee Tribe.

With the avian influenza outbreaks occurring in Asia, influenza surveillance and pandemic planning took on a heightened importance. Since its inception in January, 2004, DPH's surveillance for human infection with avian influenza surveillance has tested 17 people who have met the criteria for avian influenza (persons with influenza-like illness who have returned from Southeast Asia within ten days of onset of illness). All these tests were negative for avian influenza. DPH recommendations exceed current CDC recommendations. Additionally, in 2004, an error by a professional organization resulted in a highly pathogenic strain of influenza being accidentally distributed to thousands of laboratories as part of a proficiency testing program. The DPH contacted all sixty-nine laboratories in Wisconsin that received this strain, instructed them to destroy their samples, and confirmed that the destruction occurred. Finally, the latest version of the Wisconsin Influenza Pandemic Preparedness document was finalized and distributed statewide in 2004.

DPH continued its efforts in preventing and controlling food and waterborne outbreaks. In 2003, the Communicable Disease Epidemiology Section (CDES) successfully instituted a new surveillance tool that detects outbreaks based upon the analyses and comparison of DNA

fingerprints of enteric pathogens. This computer-based system has greatly enhanced our surveillance and detection of outbreaks. DPH investigated 75 foodborne/waterborne outbreaks which were responsible for nearly 9,000 individual illnesses from 2003 through 2005. Additionally, in 2003, Wisconsin established a surveillance program for non-foodborne/non-waterborne (person-to-person contact) outbreaks of gastrointestinal illnesses. Investigations were performed on 63 outbreaks between 2003 and 2005. Most of these outbreaks occurred at nursing homes, hospitals, schools, or day care centers.

The rate of lead poisoning among Wisconsin's children is nearly three times the national average. However, the number of children poisoned in Wisconsin is declining and the DHFS Childhood Lead Program continues to refine prevention and early intervention strategies. The number of children enrolled in Medicaid and WIC who receive a blood lead test continues to improve steadily. From 2002 to 2004 there was an 8.5% increase in the number of 0-5 year olds on Medicaid (MA) who were tested. In 2004, 56% of 1 year olds and 43% of 2 year olds (those at greatest risk) on MA were tested. There was also a 3.1% increase in testing of 0-5 year old WIC children. In 2004, 57% of 1 year olds and 48% of 2 year olds on WIC were tested. Because of better prevention and early intervention efforts, the percentage of children who are identified with lead poisoning has steadily dropped in Wisconsin. In 2002, 5.4% of children tested were found to have lead poisoning compared to 3.9% in 2004. During the past two years more than 3,000 low income housing units were renovated to make them lead-safe.

In August, 2004, the Department released the Wisconsin Childhood Lead Poisoning 2010 Elimination Plan, which consists of four major areas: 1) Education; 2) Correcting Lead Hazards in Housing; 3) Targeting High Risk Populations for Blood Lead Testing; and 4) Funding and Resources. The Elimination Plan Implementation and Oversight Committee and four subcommittees are working collaboratively to implement activities of the plan and to evaluate progress towards achieving the 2010 goal.

The Lead Certification Program shows the total number of certified lead professionals is up 16.7% since 2002, to 1,559 from 1,335. Program staff conducted 294 lead project inspections in SFY '04 and 384 onsite inspections in SFY '05, resulting in 50 compliance actions initiated in each year.

Scientific studies continue to indicate that exposure to mercury is associated with prenatal neurodevelopmental effects among infants and children as well as potential toxic effects to the cardiovascular system and aging nervous system. Dietary fish intake is the most important source of mercury exposure. In winter/spring of 2005, a study to evaluate methyl mercury exposure in a cross section of our state's population was completed. More than 2,000 men and women were surveyed regarding their fish consumption habits. Participants were asked to submit a hair sample for mercury analysis. The survey and hair mercury data acquired from this study has provided valuable information about mercury exposure in Wisconsin. The study has demonstrated that mercury exposure from eating fish is a significant health threat and the state must continue to reduce mercury in the environment and issue/revise fish advisories and other educational programs aimed at high risk populations.

A growing national concern is chemical vapors in soil and groundwater migrating into nearby buildings and causing indoor air pollution; particularly as 'Brownfield' properties are redeveloped. The DPH ATSDR Health Assessment Program plays a leadership role in providing guidance on the exposure pathway of vapor migration and intrusion. DPH employees have been involved with the investigation of indoor air health issues for decades and have been providing technical advice and support to other agencies and consultants working with this issue. During the past two years DPH has provided technical support with more than 60 investigation, cleanup and redevelopment projects involving vapor migration and intrusion.

b. HIV Prevention, Care and Treatment Programs

After a decade long downward trend, the number of newly reported cases of HIV infection increased 24% over the number of cases reported in 2001. HIV infection decreased among all populations, except among men who have sex with men (MSM), mirroring national trends. HIV infection continues to disproportionately impact racial/ethnic minorities in Wisconsin. In 2003, Wisconsin had the tenth lowest HIV case rate in the nation. Deaths among persons reported with HIV infection in Wisconsin have declined. Ninety-five deaths among persons reported with HIV infection are known to have occurred in 2003, a 75% decline compared to the 373 deaths in the peak year of 1993. As a result of declining deaths, the number of persons reported with HIV that are presumed alive has continually increased. Over the past five years, this increase averaged 4% per year. At the end of 2004, 5,367 persons reported with HIV infection in Wisconsin were presumed to be alive, an all-time high.

The AIDS/HIV Drug Assistance Program (ADAP) reimburses pharmacies for the cost of certain medications used in the treatment of HIV disease for eligible low-income clients. During SFY '05, the program expended $4.4 million to cover the costs of nearly 18,000 prescriptions for 965 eligible individuals.

The AIDS/HIV Health Insurance Premium Subsidy Program pays the cost of premiums for individual and group health insurance policies for eligible low-income clients. During SFY '05 the program expended $1.6 million to purchase 4,600 months of coverage for over 400 eligible individuals.

The Ryan White Care Consortium, a statewide advisory group with membership that includes health and social services providers, local public health representatives and consumers living with HIV disease, began meeting during SFY '05 to advise the AIDS/HIV Program on services and resources to address the care and support needs of persons with HIV disease.

HIV case management services are provided by a network of AIDS service and community-based organizations, and supported by federal Ryan White CARE Act funds and the state's Mike Johnson Life Care and Early Intervention Services grant. During calendar year 2004, 2,400 persons utilized case management services.

The HIV Counseling, Testing, and Referral Program has increased the capacity of publicly funded service providers to implement new rapid HIV testing technologies in venues that are accessible to persons at risk of HIV infection. Research shows that rapid HIV testing increases post-test return rates, resulting in more people learning about their HIV status. As a result of training and consultation provided by the AIDS/HIV Program since 2003, approximately 60% of all HIV tests currently conducted in publicly funded CTR sites are rapid HIV tests.

c. Immunizations

Wisconsin continues to maintain high immunization levels. The 2004 National Immunization Survey conducted by the Centers for Disease Control and Prevention (CDC) shows that 82.9% of Wisconsin's two-year old children have received their primary vaccination series, compared to 80.9% for the rest of the nation. During fiscal year 2005, over $14 million worth of federally funded vaccines were distributed to public and private health care providers through the state.

Beginning in January 2004, the Governor and Mrs. Doyle have signed 68,000 greeting cards each year which are sent to parents of new born children in Wisconsin encouraging them to begin, and keep, their children on schedule for their recommended immunizations. This project is in partnership with Hallmark cards.

The Wisconsin Immunization Registry (WIR) continues to grow in participation and enhancements. The WIR provides immunization information to public and private health care providers and schools. To date there are over 11,000 users on the registry and it contains over 3.5 million client records. In September, 2004, the WIR received the CDC's Connect Award for our highly successful efforts in achieving provider participation. The WIR is currently being used by eight other states and two U.S. territories, and has been viewed for potential use by other countries.

d. Emergency Medical Services (EMS)

The EMS Section has expanded the scope of practice of EMS personnel substantially in the 2003-05 biennium. Virtually every level of pre-hospital provider has been allowed to provide enhanced, life-saving skills. Wisconsin is becoming a national model in EMS with many states attempting to emulate our progression. The EMS section provided on-site assistance to over 100 ambulance providers and developed a streamlined operational plan template that has provided a significant reduction in preparation and review time. The EMS section has also created a new, more medically advanced, first responder administrative rule and allowed immediate implementation via emergency rule so that the life-saving skills could begin immediately. In addition, the EMS section determined Wisconsin hospital trauma capabilities and designated all hospitals from level I through level IV.

e. Populations at Risk

In 2004, the Division of Public Health released *The Health of Racial and Ethnic Populations in Wisconsin: 1996–2000* (the Wisconsin Minority Health Report). This report provides comprehensive and reliable data and information on the health of African American, American Indian, Asian, and Hispanic/Latino populations in Wisconsin. (see http://dhfs.wisconsin.gov/health/minorityhealth/report.htm)

f. Technical Assistance, Training and Community Consultation

During both years of the biennium, the Division was awarded a State Indoor Radon Grant from the Environmental Protection Agency. This continuing grant has allowed DPH to improve its radon website and expand a network of Radon Information Centers (RICs) in local public health agencies. The RICs provide radon information and advisory assistance to local communities.

More than 280 environmental health professionals from throughout Wisconsin and surrounding states attended "Contaminants in Our Environment – Where's the Risk?," a statewide conference held in Madison on October 25-26, 2004. The conference was organized by the staff of the DPH's Bureau of Environmental and Occupational Health. The objectives of the conference were to provide practical information on the dynamic nature of contaminants in the environment determine the risk of exposure to humans and communicate this information to the affected people and communities in a practical, understandable format.

In July, 2003, Governor Doyle signed an agreement with the U.S. Nuclear Regulatory Commission transferring regulatory authority over certain radioactive materials to the State of Wisconsin effective August 11, 2003. The Division subsequently began operation of its new radioactive materials licensing and inspection program developed in support of the agreement. This new program has resulted in streamlined regulation and reduced licensing fees for radioactive material users in Wisconsin.

In May, 2005, the Division conducted emergency response field team training at Argonne National Laboratory outside of Chicago, IL. Wisconsin was the first state to collaborate with federal assets to prepare for radiological emergencies. The training, which focused on radiological terrorism, brought together approximately 50 local, state and federal responders and involved multiple response scenarios. The training was held in cooperation with the Department of Energy and the Federal Bureau of Investigation.

g. Community Education

The Arthritis Program and multiple partners launched a health communication campaign in Milwaukee (July-August 2003) and Beloit (May 2004). Both used the theme of "Physical Activity – the Arthritis Pain Reliever." The CDC awarded supplemental funding to the Program to coordinate and conduct a health communication campaign for Milwaukee area Spanish-speaking adults. The campaign, "Buenos Dias, Artritis," promotes moderate physical activity for arthritis symptom relief.

To increase public awareness, screening, diagnosis and treatment of syphilis and other sexually transmitted diseases requires active participation and support from various agencies and organizations in high morbidity areas. The DPH staff in Milwaukee and their Community Partnership Team have carried out the following activities –

- A syphilis awareness campaign in syphilis high morbidity areas using posters and palm cards;
- 2,372 individuals were tested for syphilis through community screening activities in the biennium including weekend and evening screenings;
- Training sessions were held for Community Partnership Team members and other agencies to conduct testing and provide delivery of quality STD awareness presentations to uninsured and under-insured individuals to decrease health disparities; and,
- Conducted testing in corrections facilities and bars to test individuals who engage in high-risk behavior.

The Organ and Tissue Donor Program worked with the Milwaukee Brewer's organization to promote donation through a Donate Life event at a Friday night game in April, 2005. The program organized and staffed booths to provide information and materials to thousands of fans; had a young liver recipient throw out the first pitch; arranged for a PSA featuring Governor Doyle to be broadcast on the scoreboard; and organized a tailgate event in honor of recipients, donors, and their families.

h. Public Health and Hospital Emergency Preparedness

In 2004, Wisconsin's public health and hospital systems jointly finalized their local, regional and statewide response plans based on exercises. These plans are being exercised on a local and regional basis annually. Response plans now include systems for receiving and distributing federal emergency medicines and supplies, requesting mutual aid from neighboring communities and states, and organizing backup medical workers through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR), the nation's only active online medical volunteer registry, currently containing more than 1,000 volunteer health care professionals.

During the 2003-05 biennium, the Public Health Preparedness Program enhanced training capabilities for the State’s public health workforce by obtaining MediaSite technology. This distance technology allows for on-demand and live broadcast viewing of training sessions via the internet, and is a cost effective and efficient communication tool that is used among all of the division’s local and state partners.

DPH assessed the public health preparedness needs of the governmental public health workforce and drafted a comprehensive training plan to align individual performance with organizational goals.

DPH created and Education and Practice Forum through the establishment of a statewide Education and Training Advisory Committee (EdTRAC) to facilitate an education network for workforce preparation, support of current practice, and continuing education. EdTRAC contributes to achieving the State Health Plan system priority to develop a "Sufficient and Competent Workforce."

In partnership with the Wisconsin State Laboratory of Hygiene, public health and hospital laboratory capacity has been increased by developing a Laboratory Response Network, acquiring additional microbiologists, chemists and new state-of-the-art chemical and biological agent testing equipment.

Public health and hospital response capacity has been increased at the state and local levels by providing staff training on emergency preparedness, acquiring additional disease investigators, and developing an online Health Alert Network for rapid, around-the-clock notification and information exchange among response partners.

All hospitals have participated in the implementation of the Wisconsin Hospital Emergency Preparedness Plan, which includes Minimum Level of Readiness Indicators to measure the preparedness level of each hospital. All hospitals have signed a Memorandum of Understanding to provide mutual aid of one another, when necessary, especially in a sustained incident.

Hospitals have significantly increased their capacity to manage patients with infectious disease through the addition of airborne infection isolation rooms that enabled hospitals to now care for more than 2,600 patients with infectious disease. In May of 2004, Hospitals demonstrated (via an exercise) that there are 13,000 staffed beds and that an additional 13,000 can be added for surge capacity to manage an influx of patients. All hospitals have increased inventories of personal protective equipment for use in an outbreak of infectious disease. All hospitals have decontamination suits, garments for patients to be decontaminated and also portable decontamination shelters. Hospital also received funds to subsidize the construction/renovation of fixed decontamination rooms. All hospitals are receiving funding to enable them to have 4 level of communications redundancy: landlines and cellular telephones, UHF/VHF radio, satellite telephones, and amateur (HAM) radio.

All hospital laboratories have been trained in the packaging and transporting of biological and chemical specimens to the State Laboratory of Hygiene. In addition, some hospital laboratories have received funds to purchase Biosafety Cabinets for the safe testing of biological specimens.

The Hospital Preparedness Program has worked with Wisconsin hospitals and federal agencies to place multiple Interim Pharmaceutical Stockpile sites strategically across the state that have antibiotics sufficient to care for 10% of the population of the state (540,000 persons) prior to the arrival of the Strategic National Stockpile in the event of an outbreak of infectious disease. There are also multiple sites strategically located across the state that have nerve agent antidotes sufficient to care for up to 102,000 persons in case of a nerve agent attack.

i. Public Health Information Network

Over the last two years, the Public Health Information Network (PHIN) has continued development and its capabilities have expanded. PHIN integrates the Health Alert Network, public health disease surveillance systems, and other public health information assets. PHIN is funded by grants from the US Centers for Disease Control and Prevention's bioterrorism initiative and other categorical program funds. It is a secure website for emergency communications and alerting, distance training, evaluation, public health investigation and surveillance automation. The system is used by state and local health departments, hospitals, clinics, tribal health agencies, emergency management agencies, public safety agencies, neighboring states, federal public health officials, and others.

During the 2003-05 biennium, several landmark developments have been placed into pilot testing or production, including Maternal and Child Health information systems (SPHERE), coroner and medical examiner death reporting and surveillance (Casepoint), Audiometric newborn screening (WETRAC), and electronic laboratory reporting. Independent systems are being integrated to achieve program efficiencies. For example, vital records can now communicate with SPHERE so that critical birth information can pre-populate the SPHERE database and eliminate the need for duplicate data entry. An automated alerting system has been installed that alerts individuals during public health emergencies according to user specified contact protocols (fax, email, voicemail, text pager). Approximately 2,000 public health, hospital, clinic, and emergency responders can be contacted with a 30 second phone message in less than 25 minutes. The Wisconsin Emergency Assistance Volunteer Registry (WEAVR) has been deployed within PHIN so health professionals (e.g. physicians, nurses, etc.) can register and be systematically called upon to provide critical care during catastrophic public health and mass casualty emergencies. A new systems governance structure has been implemented for improved management oversight and to facilitate better involvement of local public health partners in the continuous improvement of PHIN.

j. Family Health

Wisconsin's Newborn Blood Screening Program (Congenital Disorders Program), with the collaboration of the Wisconsin State Laboratory of Hygiene, integrates cutting edge screening technology in the laboratory to offer comprehensive screening services to families. In 2005, Wisconsin expanded the number of disorders screened for to 48, and is recognized as being fully compliant with the nationally recommended panel of 29 disorders.

In 2005 the Universal Newborn Hearing Screening Program (Wisconsin Sound Beginnings) was selected to receive three-year grant to continue work to develop a web based early hearing detection and intervention data collection and tracking system called WE-TRAC. This system is part of the Public Health Information Network.

In 2004, 46,964 unduplicated clients received maternal and child health services, reproductive health services and/or children and youth with special health care needs services. Health issues addressed include: pregnancy and healthy outcomes, comprehensive physical exams for uninsured or underinsured children, child passenger safety, home safety assessments, prevention and intervention of early childhood dental caries, newborn home visitation, health education, nutrition coalition building, and breastfeeding promotion. The range of interventions included case management, consultation, counseling, disease and health event investigations, screenings, referral and follow up, teaching, surveillance, and systems building activities such as coalition building, community organizing, outreach, and policy development.

In conjunction with the Governor's Council on Physical Fitness and Health, DPI and DHFS assisted the Governor and the State Superintendent to initiate the 2005 Governor's School Health Award (www.schoolhealthaward.wi.gov) recognizing and celebrating schools that support and promote healthy school environments.

The Wisconsin Well Woman Program (WWWP) provides preventive health screening services to low income, uninsured and underserved women ages 35-64. The program covers preventive screenings, diagnostic tests and patient education services related to some of the most common women's health issues. These include breast cancer, cervical cancer, depression, diabetes, domestic abuse, heart disease, high blood pressure, and osteoporosis. The WWWP is decentralized with local coordinating agencies covering all 72 counties and 11 tribes in the state. Local coordinating agencies are responsible for outreach, recruitment, and education and case management. The WWWP has an extensive provider network of over 1000 sites statewide.

The WWWP is one of 75 states, tribes and territories participating in the National Breast and Cervical Cancer Early Detection Program administered by the Centers for Disease Control and Prevention (CDC). During the 03-05 biennium, the WWWP provided breast and cervical cancer screening services to 16,765 women. These services include 16,183 mammograms and 14,700 Pap tests. Effective April 1, 2005, the program began offering testing for multiple sclerosis (MS) for WWWP enrollees who have high risk symptoms or signs of MS.

k. Nutrition and Physical Activity

The Women, Infants and Children (WIC) Supplemental Nutrition Program provides nutrition education and nutritious foods to persons who have a nutritional risk due to inadequate nutrition and income. The program serves approximately 115,000 pregnant, breastfeeding and postpartum women, infants and children up to age five, a number that is consistently increasing over the past three years. About 35 percent of all pregnant women in Wisconsin are WIC participants and almost half of all Wisconsin infants are in WIC.

WIC Farmers' Market Nutrition Program (FMNP) provides food drafts to participating WIC families to purchase fresh fruits, vegetables, and herbs at selected farmers' markets. Use of FMNP drafts, in addition to nutrition education, contributes to a positive long-term dietary change toward consumption of fresh produce. The FMNP also benefits farmers, especially small farm operations,

by providing new customers and increasing sales. The FMNP expanded to all counties of the state in 2004.

The Wisconsin Commodity Supplemental Food Program (CSFP) received initial funding for the CSFP in FFY 02 for Milwaukee County and expanded in FFY05 to include Waukesha County. The program now serves more than 5,000 individuals. In 2004, the program distributed approximately 1,500,000 pounds of food to participants. The goal of CSFP is to improve the health of low-income mothers and children up to age six (≤185% poverty) and senior adults at least 60 years of age (≤ 130% poverty) by supplementing their diets with nutritious USDA commodity foods. Each CSFP participant receives a prescribed food package that include a variety of foods, such as non-fat dry and evaporated milk, cheese, juice, cereal, rice, pasta, egg mix, peanut butter, dry beans, canned meats, fish and poultry, and canned fruits and vegetables.

The Emergency Food Assistance Program (TEFAP) is a Federal program that provides food assistance to low-income households through the distribution of food available through the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS). There are 216 pantries, 32 meal sites, and 28 shelters that receive TEFAP assistance. The commodities greatly improve a pantry's ability to provide nutritious foods. Canned meats and fish, frozen poultry products, canned vegetables and fruit provide a nutritious balance to local donated foods. Food pantries receiving commodities from TEFAP have reported a steady increase in households seeking food assistance. Data collected from pantries reflect a 65% increase in food pantry usage from 2001 through 2004. TEFAP entitlement funding has not increased with the rise but has remained level for several years and, as a result, food packages provided to participants have declined in size.

I. Oral Health

In January 2005, the Oral Health Program received grant funding in the amount of $184,000 from the Wisconsin Partnership Fund for a Healthy Future (Blue Cross/Blue Shield settlement) to provide oral health services at the community level. Other activities during the biennium included training more than 315 physicians and nurses in 19 counties to perform oral screening and fluoride varnish placement on infants and toddlers during well baby examinations. The oral health program provided ongoing monitoring of the state's 251 fluoridated community water systems for quality and advocated for expansion of the program.

The Seal a Smile program provided dental sealants to elementary school children in school-based and school-linked settings. From 2003-05, 8,255 children were screened, and 5,618 children received 22,412 sealants through Wisconsin's Seal a Smile Program. This program has been studied by the U.S. Centers for Disease Control and Prevention and has been shown to avert 2.5 cavities for each child sealed, lowering disease burdens and reducing treatment costs. Regional oral health consultants (public health dental hygienists) provided technical assistance and training at the local level to promote access to care. Oral health program staff conducted oral health surveys to monitor trends in disease status and access to care.

m. Chronic Disease Prevention (Cardiovascular Disease, Diabetes) and Cancer Control

During 2003-05 biennium, the Cardiovascular Health program produced a new Cardiovascular Disease Burden in Wisconsin report (June 05), completed strategic planning, printed and released the Wisconsin Plan for Heart Disease and Stroke Prevention and, completed a strategic planning process for Stroke. In June 2004, Wisconsin was one of six states awarded the Great Lakes Regional Stroke Network grant administered through the Illinois Department of Health.

The Wisconsin Diabetes Prevention and Control Program (DPCP) is dedicated to improving the heath of people in Wisconsin at risk for or with diabetes. The DPCP, with partners, updated the *Wisconsin Essential Diabetes Mellitus Care Guidelines* at the end of 2004, incorporating the latest scientific evidence for optimal diabetes prevention and care. The Guidelines and accompanying tools can be utilized by all health care providers, includes primary care providers and health systems (e.g., managed care organizations, other insurers, clinics, purchasers, etc.). The DPCP and the Wisconsin Lions Foundation organized 11 professional and community Guideline Implementation Trainings around the state to increase awareness of the updated Guidelines. (Guidelines available at http://dhfs.wisconsin.gov/health/diabetes)

In the fall of 2003, the Comprehensive Cancer Control Program convened the Cancer Data Advisory Group (CDAG). The CDAG developed the mission, vision, goals and cross cutting issues for the WI Comprehensive Cancer Control Plan (WI CCC). On March 18, 2004, participants from healthcare, public health agencies, community-based organizations, businesses, universities and other organizations came together at the WI CCC Kick-Off Summit as a statewide coalition to develop the WI CCC Plan.

Workgroups formed at the summit developed strategies and action plans to address the priorities and drafted the Wisconsin Comprehensive Cancer Control Plan 2005-2010. The document was reviewed in late 2004 and early 2005 by the steering committee, workgroup members, advisory review teams and DPH. It was officially released at the Transition to Implementation Summit on April 21, 2005.

n. Tobacco Prevention and Control

Wisconsin continued its success in preventing youth tobacco use, promoting nicotine addiction treatment, and preventing exposure to secondhand smoke. Smoking rates among middle school students dropped from 12.2 percent in 2000 to 7.7 percent in 2004, a 37 percent reduction. Smoking among high school students also decreased from 38 percent in 1999 to 21 percent in 2004. Tobacco consumption declined from 80.1 packs per capita in FY 2000 to 69.9 in FY 2004. This is a 13 percent reduction in five years. The Wisconsin Tobacco Quit Line has helped more than 14,280 smokers quit in CY 2003 through 2004 and referred over 17,096 smokers to local quit smoking programs. Youth access to tobacco products has declined substantially from 33.7 percent of licensed tobacco retailers selling to minors in 2001 to 8.3 percent selling to youth in 2004.

3. Goals

The ongoing mission of the Division of Public Health is to protect and promote the health of everyone in Wisconsin. DPH and its partners created the state health plan—"Healthiest Wisconsin 2010"—which identifies the goals and priorities for DPH. During the 2005-07 biennium, the Division will continue working to eliminate health disparities and improve the health of everyone in Wisconsin. This will be done by concentrating on the following health priorities:

- Improve access to primary and preventative health services.
- Promote adequate and appropriate nutrition for everyone.
- Reduce addiction to, and the use and abuse of, alcohol and other substances.
- Eliminate environmental and occupational health hazards.
- Identify, investigate, and control any existing, emerging or re-emerging communicable diseases as well as maintain and increase immunization rates to protect against vaccine preventable diseases, and educate the public on preventive health measures.
- Reduce and eliminate high risk sexual behavior.
- Prevent intentional and unintentional injuries and violence.
- Promote mental health and reduce stigma associated with mental health disorders.
- Promote increased physical activity as a method to address the overweight and obesity crisis.
- Assess the social and economic factors that influence the health of individuals and communities.
- Reduce or eliminate the use of, and exposure to, tobacco products, particularly for young people.

Work in these priorities will be concentrated toward improving birth outcomes in Wisconsin. Data from 2004 indicates that the infant mortality rate for African-Americans in Wisconsin is four times greater than that for whites. The infant mortality rate for Hispanic/Latino infants, as well as American Indian infants, in Wisconsin is also higher than that for white infants.

A comprehensive work plan incorporating evidence based strategies at all levels, setting forth timelines for completion, identifying who is responsible for primary implementation, and integrating feedback from partners at the local and national levels will be developed to eliminate disparities in

birth outcomes and assure conditions where children can grow up healthy and safe in their families and communities.

Wisconsin Department of Health and Family Services

DIVISION OF MANAGEMENT AND TECHNOLOGY

The Division of Management and Technology provides personnel, financial, information technology and other administrative services to the Department's program divisions, in order to support them in delivering quality, cost-effective programs. In addition, the Division assists the Department Secretary in effectively managing the agency by establishing and overseeing administrative policies and procedures, providing financial, technology and personnel advice, and ensuring compliance with laws, regulations, and standards.

1. Performance and Operations

a. Administrative

The Department Internet site continues to gain more visitors -- from 299,000 visitors in July 2003 to 409,000 visitors in July 2005. The Terry Schiavo case in particular demonstrates how the Department's website is valued as a trusted source of information. Her case led to a nationwide discussion on end of life issues. During this time, the Department's page on living wills received over 45,000 visits.

Office space was upgraded for approximately 200 staff in Green Bay and Milwaukee regional offices and in Madison central office by expanded use of systems furniture. Cost efficiencies were improved by reuse of existing equipment. Planning was initiated to relocate and downsize our office in Rhinelander and backfill vacant space in our Eau Claire office.

Construction was completed on the new Wisconsin Resource Center Administration and Armory Building and a new Vehicle Maintenance and Storage Building for Winnebago Mental Health Institution. Construction for both of these facilities was completed in the summer of 2004.

b. Technology

The Department uses technology to facilitate the achievement of its strategic goals and efficient state operations. Over the past biennium, the following major initiatives are noteworthy:

- Implemented the Health Insurance Portability and Accountability Act's privacy and security rules for Medicaid and other health care components and covered entities within the Department, such as the state mental health institutions, secure treatment facilities and centers for the developmentally disabled.

- Completed implementation of the Wisconsin Statewide Automated Child Welfare System (WISACWIS) statewide roll out to all 72 counties in July 2004.

- Achieved savings by eliminating the Center for Uniformity, Security, and Privacy. Transitioned security and privacy functions to other units within DHFS.

- Initiated a project to consolidate the Department's central information technology infrastructure, operations, and technical services with the Department of Administration's Division of Enterprise Technology. Initially focused on preparing the technology and applications for consolidation:

    - Completed a hardware refresh or upgrade of all desktop and laptop computers not in compliance with Microsoft XP standards. Upgraded about 6,000 computers to Microsoft XP Pro and Office 2003 in under 18 months.

    - Upgraded the business applications maintained and currently hosted at DHFS to more current and supportable development tool and database versions.

c. Fiscal

The Department maximizes Federal funds to support programs and is responsible for over $3.5 billion annually. The Department has successfully led efforts to enhance these claims through the Income Augmentation Project, which maximizes federal revenue due the state.

The Bureaus of Fiscal Services and Information Systems developed a system for uploading Department grant information for inclusion in the Wisconsin Grant Tracker system on the Internet, updating the information monthly to provide accurate and timely grant information to the Governor's Office and other users.

DMT continues to provide effective leadership in properly accounting for the approximately $6.5 billion of funds the department receives. Funds provided to DHFS come from a variety of sources, each with many rules and requirements that must be followed, and flow through dozens of appropriations lines in the state budget. The annual financial and compliance audit conducted by the Legislative Audit Bureau once again found a high rate of compliance by DHFS in meeting funding obligations.

d. Personnel

The Department continued automation of its Human Resources functions resulting in improved processing times and enhanced user accessibility to personnel information through expanded on-line reporting. The Time & Task system has been implemented as a task reporting system only. The 'time' functionality has been disabled pending the outcome of the Integrated Business Information System (IBIS) project. During 2003-05, the average number of days for staffing vacancies requiring announcement and examination was 26.62 days, a 4.9% improvement over the previous biennium.

The Department met and exceeded the Statewide 6 percent hiring goal for W2 candidates in each year of the biennium. The Department's W-2 hiring rate was 13.52% for fiscal year 03-04 and 16.94% for fiscal year 04-05.

The DHFS Office of Employee Development and Training including the Technology Learning Center (TLC) offered 157 competency-based classroom learning opportunities and supported

numerous distance learning opportunities and events. TLC staff developed and implemented training in support of upgrading the Department-wide desktop operating system and office suite and are participating in the GroupWise to Outlook (GTO) migration system.

The Department's occupational safety and loss control efforts continued with implementation of work injury reduction plans at all DDES Institutions and specific injury prevention focusing on Resident Care Technicians. Injury incidence rates are used to measure progress. Most institutions are seeing decreases in both total cases and lost work days.

The Affirmative Action and Civil Rights Compliance Office expanded the DHFS Limited English Proficiency (LEP) Program to include a forms translation project in collaboration with the county departments of human services, communication with Fee for Service Medicaid Providers, and technical assistance in the development of the Medical Interpreter diploma program at the Madison Area Technical College. The Office is also collaborating with the Department of Workforce Development in the curriculum development and use of Web cast technology for civil rights training to reach a broader audience. The Office of State Employment Relations approved the Department's Affirmative Action Plan (November 2004 to June 2006) and certified its Affirmative Action program as meeting all Affirmative Action requirements.

2. Service Goals 2005-2007

- Continue to be a reliable business partner to the Department's divisions and offices by working with them to find timely, cost-effective solutions for their IT, business and other operational needs.

- Achieve efficiencies in IT operations by moving 20.3 DHFS central IT FTE and the helpdesk, desktop support, account management, problem/change management, asset management, and technical security functions to DET by August 2005; and completing server and network consolidation with DOA under the Accountability, Efficiency and Consolidation Initiative.

- Execute WISACWIS Quality Improvement measures in partnership with the counties to evolve and improve the system so it better serves the needs of the counties and the child welfare workers.

- Continued Department support of the Integrated Business Information System (IBIS) project.

- Continued commitment in utilizing distance learning and other communications through the use of large group teleconferencing, web conferencing, interactive media, and advanced videoconferencing technologies.

- Enhance DHFS work environment through promotion of safe and healthy workplace, enhancement of loss prevention programs and safe comfortable work areas.

- Implementation of several revenue maximization initiatives that will recover additional federal funds for State and county needs.

Wisconsin Department of Health and Family Services

DIVISION OF CHILDREN AND FAMILY SERVICES

The purpose of the Division of Children and Family Services is to keep children safe from abuse and neglect and respond appropriately when abuse or neglect occurs. In doing so, the Division focuses on services that keep families and communities strong and vital. The division's responsibilities fall into four main categories: 1) statewide oversight of county child welfare services; 2) direct services to children and families through the Bureau of Milwaukee Child Welfare, and special needs adoption and adoption search services through the Bureau of Programs and Policies; 3) community support services for families; and 4) regulation and licensing of child care facilities and child welfare agencies.

1. PERFORMANCE

a. Statewide Oversight of County Child Welfare Services

- Wisconsin's Program Enhancement Plan
  On November 1, 2004, the U.S. Department of Health and Human Services approved Wisconsin's Program Enhancement Plan (PEP) in response to the Child and Family Services review. The Division brought individuals and organizations together representing a myriad of disciplines to develop a comprehensive plan for enhancing Wisconsin's child welfare system. Over 100 action steps have been identified as part of the PEP to improve child welfare in Wisconsin and bring the state into substantial compliance with federal performance and system outcomes. The Division created the PEP Implementation Team and four affiliated PEP committees to guide the process of implementation and ensure county and tribal consensus with the identified action steps.

- Child Abuse and Neglect/Child Protective Services
  As part of Wisconsin's Program Enhancement Plan, the Division worked on revising the Child Protective Services Ongoing Standards. These standards cover child protective services practice from the point the investigation ends through service delivery and case closing. The standards help bring consistency throughout the state on how assessments of families are conducted, services are provided, and progress toward achievement of outcomes is measured. The revisions to the standards will provide greater clarity to agencies in the assessment of family needs and the development of case plans that integrate issues of child safety, permanence and well-being. The standards will be issued in January 2006 and will go into effect in June 2006.

- Tribal Child Welfare Plan and Training Partnership
  The Division worked closely with the Tribal Child Welfare Group to develop a seven-point priority plan to improve child welfare services for Indian children, including training on the Indian Child Welfare Act and cultural issues. The plan was submitted as a part of Wisconsin's PEP and will be implemented over the next two years. In addition, DCFS

has funded the initiation of Wisconsin's first Tribal Training Partnership at the Northeastern Wisconsin Training Partnership in Green Bay. Training of Indian Child Welfare Staff began in 2005. In 2005, the Division worked closely with the tribes to initiate a process for hiring a full-time Indian Child Welfare Specialist.

- Continuous Quality Improvement
  One of the identified Program Enhancement Plan (PEP) action steps is to develop a statewide child welfare continuous quality improvement function within the Department of Health and Family Services. This initiative, in partnership with counties (and their partners) has identified a process to review county child welfare systems. The results of this continuous quality improvement process will give the state a more detailed picture of what is occurring in county child welfare systems and will allow the Division the opportunity to give the community deeper analysis to the strengths, issues and concerns raised by these reviews. The Management Group was awarded the contract for the Continuous Quality Improvement Project and is working closely with the Division's CQI staff on the county child welfare reviews.

- Foster Care for Children
  At the end of December 2004, there were 6,266 children in foster care in Wisconsin compared to 6,511 children at the end of 2003. There are approximately 5,000 foster families in Wisconsin.

- Foster Care and Adoption Resource Center
  As part of Governor Jim Doyle's KidsFirst Initiative, and following substantial discussions with constituents about need and design, the Department of Health and Family Services issued a Request for Proposals (RFP) on October 14, 2004, for the creation and operation of a statewide Foster Care and Adoption Resource Center. The objective of the Center is to support foster and adoptive families and county foster care coordinators by providing consistent and reliable information, as well as access to training opportunities and other supportive services. The center will also provide assistance in the development of local recruitment and retention strategies for quality foster care and adoptive homes. Adoption Resources of Wisconsin was awarded the contract and is working with PATH and St. Aemilian's. There are three locations of the resource center – Milwaukee, Sheboygan and Eau Claire.

- National Governor's Association Initiatives on Child Welfare and W-2
  Wisconsin was chosen as one of six states to work with the National Governor's Association (NGA) on cross systems innovation. Wisconsin's initiative is led by the Governor's Office and a State Core Team, which includes DWD Secretary Gassman, DHFS Secretary Nelson, State School Superintendent Burmaster, advocates, philanthropists, a county human services director and an association director. The vision for Wisconsin's project is to improve outcomes for families through integrated, family responsive and flexible approaches to

service delivery that are efficient and effective. The target population is children and families involved in, or at risk of involvement in, the child welfare and Wisconsin Works (W-2) systems. The Core Team issued a Request for Information and will support two projects in Milwaukee and one project each from Dane, Kenosha, Bayfield, Door, LaCrosse and Marathon Counties.

- Independent Living
  Independent living services for youth ages 15-21 focus on helping them gain skills necessary for the successful transition from out-of-home care to self-sufficiency. The number of youth receiving services increased from 3,123 in 2003 to 3,750 in 2004. Services consist of assisting youth with obtaining housing, seeking and securing employment, completing secondary and post-secondary education, accessing medical and mental health services, and training in daily living skills.

- Education and Training Vouchers Program
  Wisconsin's Education and Training Vouchers (ETV) Program, a newly funded program to help former foster youth access and achieve higher education, was implemented in January 2004. The State was awarded federal ETV funding which was allocated to 71 counties, two tribes, and the Bureau of Milwaukee Child Welfare to support and assist youth with post-secondary related activities and costs. In addition, the DCFS Scholarship Program that awards scholarships to eligible former foster youth increased funding in 2004 and provided scholarships in the amount of $300,460 to 104 youth.

- WiSACWIS
  In June 2004, Wisconsin completed statewide implementation of the Wisconsin Automated Child Welfare Information System (WiSACWIS). Both a case management (containing a practice approach known as the Wisconsin Model) and data reporting system, the WiSACWIS team worked with each county to install the system and train all child welfare staff on its use. WiSACWIS is now being used by all county child welfare staff and the Bureau of Milwaukee Child Welfare, and consequently, Wisconsin now has a case practice system covering the point of intake through case closure. The Division also has the ability to generate performance reports for counties and the state that will help improve child welfare practice. Data will be shared on a regular basis with counties.

- Foster Youth Advisory Council
  The newly formed Youth Advisory Council (YAC), a group of former foster youth ages 15-20, began meeting in 2004. The group shares their personal experiences as children in foster care and gives DCFS staff their opinions and ideas to help create a more effective and supportive child welfare system. In addition to its monthly meetings, the YAC participated in several key events. They were invited to a luncheon at the Capitol with Governor Jim Doyle, First Lady Jessica Doyle, and DHFS Secretary Helene Nelson to discuss their experiences as children living in out-of-home care. Two youth participated in the national Destination Future Conference in Washington, D.C. where they met and attended workshops with other foster youth from all over the world.

b. Direct Services to Children and Families through the Bureau of Milwaukee Child Welfare and Special Needs Adoption and Adoption Search Services through the Bureau of Programs and Policies

Performance as of June 30, 2005

- 3,044 children were in out-of-home placements. This is 23.5% fewer children compared to July 1, 2003.
- 1,970 families were receiving case management services. This is 11.5% fewer families compared to July 1, 2003.
- 649 children were living with their families on a court order of supervision. In comparison, there were 665 children living at home on a court order of supervision July 1, 2003.
- 194 families were receiving in-home Safety Services, which is 46.8% fewer families compared to July 1, 2003.
- 17,294 calls were received by the Intake Unit between January and July. This is 11% fewer calls compared to July 1, 2003.
- 5,539 Intake Unit calls were "screened in" between January and July. This is 4.8% fewer calls screened in compared to July 1, 2003.
- 295 families were transferred to Ongoing Case Management compared to 443 families transferred to Safety Services.
- 339 children were reunified with their families from January through June.
- 81 children were transferred to guardianship from January through June.
- 189 children were adopted from January through June.

- Subsidized Guardianship

  In September 2004, the Department of Health and Human Services approved the Title IV-E waiver for the Subsidized Guardianship Program. The Subsidized Guardianship Program is part of a comprehensive Guardianship Permanency Initiative to improve permanency outcomes for children in out-of-home care by promoting the use of permanent legal guardianship as a permanency option. The Subsidized Guardianship Program will provide ongoing payments to persons becoming legal guardians of children in foster care, similar to the adoption assistance program for children who are adopted. The target population for the program is children placed with relatives who are licensed as

foster parents. Enabling legislation was passed as part of the 2005-2007 biennial budget to clarify the use of guardianship as a permanency option and establish the program. The first cases will be converted to subsidized guardianship in Fall 2005.

- Child Welfare Staff Recruitment and Retention Studies
  In December 2004, the Division began implementation of a partnership to address child welfare workforce recruitment and retention issues in Milwaukee. UWM, in partnership with the Child Welfare League of America (CWLA), University of Chicago Chapin Hall, and Frances Pitt and Associates, worked with the Bureau of Milwaukee Child Welfare and its private agency partners to accomplish several goals. Actionable strategies to improve retention of staff serving BMCW families were identified and prioritized. The initiative incorporated information produced by a short-term survey of line staff and managers providing services to families with children in foster care.

- Part-time Masters Degree in Social Work Program
  The University of Wisconsin-Milwaukee Social Work Department began offering three of its first year curriculum MSW courses for BMCW staff in spring 2005. All three courses are offered at one of the Bureau sites and a percentage of the tuition costs are covered by BMCW. To accommodate staff work schedules, the classes are held in the evenings or on Saturdays. More than 70 staff signed up to participate in the part-time Master's program.

- Mobile Dentistry Services
  Dr. Thomas McCarthy, a dentist offering mobile dentistry services in the Brookfield area, was looking for an opportunity to help those in need of dental health care. At the same time, BMCW was looking for a way to help with the dental heath needs of the children entering foster care. They joined together to start a mobile project operating out of BMCW Site 4 which began in 2003. In 2004, services were expanded from one day a month to two to three times/month. The largest conference room is converted into a dental clinic at Site 4, where services, such as dental exams, cleaning, fluoride treatments and x-rays, are offered. After the exam and cleaning, the children receive toothpaste, toothbrushes and sugar-free gum.

- Family Intervention Support and Services Program
  The Family Intervention Support and Services program (FISS) was created to serve adolescents and their families who in the past would approach the Juvenile Court to file Pro Se petitions to declare the minor's need for services and/or supervision. The FISS program was developed by the Bureau of Milwaukee Child Welfare and Milwaukee County Department of Human Services - Delinquency and Court Services to address the needs of these families by providing a comprehensive intake and assessment of the family's needs, and referring the family for appropriate supports and services. The first RFP released in 2004 was awarded to Milwaukee County Behavior Health Services – SafeNow to provide the functions of servicing the families referred to BMCW-Safety Services program. The second RFP released in October 2004 was awarded to Perez-Pena to handle the functions of intake and assessment of the families.

- Special Needs Adoption Program
  The Division's direct service adoption program works to ensure that children with special care needs have permanent homes. In calendar years 2003 and 2004, Wisconsin completed 1,157 adoptions and during that same period of time, the Bureau of Milwaukee Child Welfare finalized 1,027 adoptions. The Division contracts with private adoption agencies for completion of home assessment and placement services. The Division also contracts with Adoption Resources of Wisconsin, the Adoption Information Center and six regional post-adoption resource centers. The Adoption Assistance Program provides reimbursement for the costs associated with adopting a special needs child (up to $2,000 per child based on the child's needs). At the end of calendar year 2004, over 7,000 children were receiving adoption assistance.

- International Adoptions
  The Division receives and approves requests for international adoptions. In 2003, the Division received requests for 621 international adoptions and 708 requests in 2004.

- Adoption Search
  The Adoption Search program consistently completes between 550 to 650 search requests per year. In addition, the program receives approximately 30 to 50 information requests that require further assistance (court orders, social worker requests, etc.). The application materials and forms for the program are now available on the Internet.

- Interstate Compact on the Placement of Children
  Wisconsin's Interstate Compact on the Placement of Children ensures that children in need of out-of-home placement in and from other states receive the same protections guaranteed to children placed in care within Wisconsin. The law offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child. During the 2003 – 2005 biennium, Wisconsin received 1,381 requests for placements into Wisconsin and requested 747 placements in other states on behalf of Wisconsin private and public agencies and private individuals. Of the total cases, 20% were adoptive placements, 34% were placements in residential care centers, and 46% were placements with foster parents, relatives or another parent.

c. Community Support Services for Families

- Brighter Futures Initiative
  The Brighter Futures Initiative (BFI) supports evidence-based prevention, early intervention, and youth development programs, provides technical assistance through the Wisconsin Clearinghouse for Prevention Resources, and encourages cross-systems collaboration to maximize local resources. BFI expanded in April 2004 to include the Menominee Tribe of Wisconsin, which is a high risk county in terms of youth violence and substance abuse, teen pregnancies, high school dropout rates, poverty and unemployment. The Menominee Tribe now joins nine other Brighter Futures sites including Douglas, Forest, Iron, Kenosha,

Milwaukee, Racine, Rock, Walworth and Winnebago counties. During 2003 and 2004, BFI projects reached more than 140,000 individuals, including infants, children, adolescents and parents.

- Promoting Safe and Stable Families
  The federal Promoting Safe and Stable Families program provides funds to states for community based family support services, family preservation services to at-risk families, time-limited family reunification services for children in foster care and adoption promotion and support services. The program requirements mandate that 20% of the funding be spent on each of those four categories. The remaining 20% is discretionary and can be allocated to any of the four categories. In 2005, Wisconsin awarded more than $3.3 million in grants to counties through the Safe and Stable Families program. The Division provides oversight and technical assistance to counties through site visits, regional round tables and regular communications. In calendar year 2005, counties submitted updated three-year plans.

- Kinship Care
  Kinship Care provides financial support to relatives to allow relative children to reside with them to alleviate family stress or temporary familial problems rather than being placed in a foster home or other type of out-of-home placement. The Division allocates funds to the counties based on their prior year's caseload. As of July 31, 2005, there were approximately 7,854 children receiving Kinship Care monthly payments. Of those, approximately 4,352 were living in Milwaukee.

- Domestic Abuse Program
  The Domestic Abuse Program provides grants to victim services agencies statewide. These agencies deliver safety and support services for victims of domestic abuse and their children, educate the community about issues related to domestic abuse, and promote a coordinated community response to domestic abuse. In 2004, over 37,000 people received services, including over 6,600 persons who received safe shelter.

- Runaway and Homeless Youth Services
  In state fiscal year 2004, Wisconsin allocated $495,600 of Title IV-B funds, and $50,000 in state general purpose revenue, to 24 Runaway and Homeless Youth Programs serving 62 counties. Runaway programs provide crisis intervention services to runaway and homeless youth, other adolescents in crisis, and their families. Program services include the following:

    - 24 hour crisis intervention hotline;
    - Counseling for youth and families;
    - Immediate safe shelter;
    - Education, prevention, outreach and aftercare.

Annually, Wisconsin runaway programs serve over 2,400 youth face-to-face, provide over 1,700 families with counseling, provide temporary shelter for approximately 800 youth and receive 15,000 telephone contacts from troubled youth.

d. Regulation and Licensing of Child Care Facilities and Child Welfare Agencies

- Child Care Licensing

  Currently 5,888 providers are licensed by the state. This includes 2,430 group child care centers, 3,150 family child care centers, 75 day camps, 36 residential care centers, 54 child placing agencies, 18 shelter care facilities, and 125 group homes. Milwaukee County, in particular, has experienced significant growth in child care licensees. By July 2005, there were 1,451 licensed child care centers in Milwaukee.

  In calendar year 2004, the Division:

  - Issued 789 new licenses;
  - Conducted license renewals for 2,549 providers;
  - Investigated 1,822 complaints about licensed and unlicensed providers;
  - Initiated 596 enforcement actions to protect the safety and well being of children; and
  - Conducted 12,438 visits to child care and child welfare facilities.

- Proposal to Improve Child Care Quality

  The Department of Health and Family Services participated in the KidsFirst: Quality Counts for Kids Task Force. This task force completed a comprehensive quality indicators and tiered reimbursement proposal for child care in Wisconsin. This effort would rate the quality of child care facilities in Wisconsin with a star rating system that would guide parents in choosing quality child care programs. This rating system provides an incentive to child care providers to improve quality by offering higher levels of reimbursement to child care centers with higher quality ratings. The task force completed the proposal and submitted the plan to the Governor's Office for inclusion in the Governor's 2005-2007 biennial budget. While the proposal did not get enacted into law, the Department is committed to continuing efforts to improve the quality of child care in Wisconsin.

- Revised Child Care Rules

  A final rule making order, containing the revisions to HFS 45, Licensing Rules for Family Child Care, and HFS 46, Licensing Rules for Group Child Care, was filed with the Revisor of Statutes on October 29, 2004, and published on December 16, 2004. The revised rules reflect statutory changes in the areas of caregiver background checks and Sudden Infant Death Syndrome (SIDS) risk reduction measures and incorporate a variety of child safety practices that have become generally accepted, such as CPR training, extending provider

qualifications, adding restriction on uses of pools and requirements for having pets on the premises, etc.

Between February and May 2005, the Division provided training on revised group and family child care rules to approximately 3,000 providers. These revised rules will help ensure quality child care and will better protect the health, safety and well being of children in licensed child care.

The group foster home administrative rules were revised to respond to the changing needs of children and youth. The varied and complex treatment-related needs of children and youth placed in group foster homes necessitated revisions to licensing standards in order to protect the health, safety and welfare of children in residential care.

2. GOALS

In 2005-2007, the Division of Children and Family Services will continue:

- Working in partnership with counties, tribes and private agencies to implement Wisconsin's Program Enhancement Plan, and monitor performance to meet national standards and keep children safe from abuse and neglect;

- To implement the BMCW Settlement Agreement Corrective Action Plan strategies and report monthly to the Plaintiff's Counsel;

- Improving the quality of existing foster homes and enhance recruitment efforts for additional foster and adoptive homes; and

- Implementing more integrated family-driven services through service integration projects.

Wisconsin Department of Health and Family Services

DIVISION OF HEALTH CARE FINANCING (DHCF)

1. PERFORMANCE AND OPERATION

The Division provides essential financing to improve and maintain the health and well being of Wisconsin residents. During the 2003-2005 biennium, Medicaid, BadgerCare, SeniorCare and other health care benefit programs administered through the Division provided policy and direction to improve program effectiveness, efficiency and dollar savings.

a. Funding and Revenues

Medicaid programs are a leading source of federal revenue to Wisconsin and has a significant impact on jobs and health care.

b. New Programs

The following new programs were introduced in the 2003-2005 biennium: BadgerCare waiver renewal, SSI managed care, prescription (Rx) references and cost containment.

c. Performance Improvements

The following programs have shown marked improvements and resulted in $180 million in cost containment: FoodShare error rate; SSI managed care; HMO outcomes; Rx cost containment and PDL; $180 million GPR cost containment; fiscal agent contract procurement and savings; paperless Disability Determination Bureau (DDB) performances led region. The Health Insurance Risk Sharing Plan is in the best financial condition it has ever been in. Existing programs which provide Medicaid benefits to women with breast and cervical cancer were expanded during the biennium.

d. Programs Ended/Transferred

The following programs were ended or transferred: Hospital data collection activities were transferred to Wisconsin Hospital Association (WHA) and the Bureau of Health Information; and vital statistics activities were transferred to the Division of Public Health.

e. Program Simplification

The Division continued to simplify Medicaid, SeniorCare and BadgerCare eligibility policies and processes to improve access to health care for consumers by:

- Developing consumer accessible web-based Medicaid information (screening tools, applications, and other information).
- Developing new eligibility-related publications for the Department website.
- Eliminating the asset requirement and unemployment requirement for Aid to Families with Dependent Children (AFDC), Medicaid and AFDC-related Medicaid.
- Simplifying and streamlining the prior authorization process for person with long-term care needs, including coordination with home and community-based waivers.

- Proceeding with the Client Assistance for Re-employment and Economic Support system client redesign of the user-interface from a mainframe 'green screen' to more user friendly web-based pages.

f. Enhanced Information on the Web

The improvements included service improvements and web-based prior authorization.

2. GOALS

DHFS has a strategic goal to foster access to quality, affordable health care and treatment. The Division of Health Care Financing will continue to:

- Provide health care benefits to an increasing number of people eligible for medical assistance, BadgerCare, SeniorCare, family planning, and HIRSP, consistent with federal and state law.

- Implement adopted budget changes and further measures to control health care expenses, including cost-conscious purchasing strategies for prescription drugs, increased cost-sharing for some SeniorCare and BadgerCare enrollees, and others.

- Expand managed care options for people receiving Supplemental Security Income, to improve access to providers, ensure comprehensive assessment and case management, improve quality of care, and limit future Medicaid costs by reducing avoidable costs such as unnecessary hospitalizations.

- Support the managed care waiver for services to children with autism and a program of managed care services to children in out-of-home placement in Milwaukee County.

- Seek to maximize federal revenues consistent with federal law and policies.

- Reduce the error rate in FoodShare to six percent or less for active cases and the error rate on closed cases to zero percent. Process all FoodShare and Medicaid applications within required timeframes.

- Expand enrollment in FoodShare to a greater proportion of those eligible, estimated to add 65,000 participants or approximately 78% of eligible people.

3. ALTERNATIVE WORK SCHEDULES

Since 1990, Health Care Financing has successfully implemented and maintained a flexible time work schedule policy. Dependent on mission requirements and employee preference, employees have the opportunity to choose one of the following alternate work options:

- Deviated Work Week
  The annual work plan will be available on both a summer deviated schedule and an annual basis. The plan allows:

  - Employees to work eight, nine hour days and one, eight hour day on a bi-weekly basis.

  - Employees to work four nine hour days and one four hour day on a weekly basis.

- Flex-time
  Employees who are on flex-time must be at work during core time (except for lunch hours). Core hours for BHCF are from 8:30 am to 3:45 pm. Flex-time is made up of the other hours from which the employee may choose his/her starting and ending time. In combination, they must add up to a 40 hour work week. However, no employee's work schedule may begin prior to 7:00 a.m.

  The staggered work hour schedule is defined as an alteration of the standard work week schedule which is from 7:45 am to 4:30 pm from Monday to Friday. Once this schedule is established there is no daily flexibility. The DHCF definition of staggered hours allows an employee to alter the standard work schedule by 15 to 45 minutes in starting and ending time.

In the past, the Division of Health Care Financing has created permanent part-time positions and other alternative work patterns for employees. This is, of course, dependent on employee preference and mission requirements.

There are a number of various classifications of employees and number of employees who have elected to participate in one of the above mentioned options.